

DEPARTMENT OF PERSONNEL SERVICES
COUNTY OF KAUAI
4444 Rice Street, Ste. 140
Lihue, Kauai, HI 96766
(808) 241-6595

AN EQUAL OPPORTUNITY EMPLOYER

The County of Kauai does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Application for Labor Registration List Complete and return all forms. **PLEASE TYPE OR PRINT**

Last Name ↑		First Name ↑	MI ↑	Soc. Sec. No.:		
Mailing Address ↑				Telephone Number:	Home:	
					Business:	
City ↑-----		State ↑--		Zip ↑-----		

CITIZENSHIP: Check the appropriate box below.

- ☐ Citizen of the United States
☐ National of the United States
☐ Permanent Resident Alien
☐ Other _____ and are you authorized to work in the United States? Yes ☐ No ☐

RESIDENCY:

Are you a legal resident of the State of Hawaii? Yes ☐ No ☐

Date your legal residence in Hawaii began: _____ Month _____ Year

1. I wish to register for: (You may register for more than one position.)

- | | |
|--|---|
| <input type="checkbox"/> Groundskeeper, BC-2 | <input type="checkbox"/> Park Caretaker, BC-2 |
| <input type="checkbox"/> Golf Course Groundskeeper, BC-3 | <input type="checkbox"/> Janitor, BC-2 |
| <input type="checkbox"/> Laborer I, BC-2 | |

2. I will accept offer to work ONLY in the following districts:

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hanalei | <input type="checkbox"/> Kalaheo |
| <input type="checkbox"/> Kapaa | <input type="checkbox"/> Hanapepe |
| <input type="checkbox"/> Lihue | <input type="checkbox"/> Waimea |
| <input type="checkbox"/> Koloa | |

EDUCATION:

Name and location of last grade school attended (elementary, intermediate, high school):

Please circle the highest grade completed: 6, 7, 8, 9, 10, 11, 12

Certificate of Applicant: I HEREBY CERTIFY that all statements in the application are true and correct to the best of my knowledge and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights of any employment service of the County of Kauai.

Date

Signature

FOR DEPARTMENT OF PERSONNEL SERVICES USE ONLY

- ☐ Rejected
☐ Does not indicate individual meets citizenship requirement.
☐ Does not indicate individual meets residence requirement.
☐ Does not indicate individual meets education/experience requirement.
☐ Other:

Rater:

LIST WORK EXPERIENCE ON OTHER SIDE

EXPERIENCE: Attach additional sheet(s) if necessary. Employer Name and Address: _____		
Your title and duties: _____		
Dates: From: _____ To: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Average hours worked per week _____
EXPERIENCE: Attach additional sheet(s) if necessary. Employer Name and Address: _____		
Your title and duties: _____		
Dates: From: _____ To: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Average hours worked per week _____
EXPERIENCE: Attach additional sheet(s) if necessary. Employer Name and Address: _____		
Your title and duties: _____		
Dates: From: _____ To: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Average hours worked per week _____
EXPERIENCE: Attach additional sheet(s) if necessary. Employer Name and Address: _____		
Your title and duties: _____		
Dates: From: _____ To: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Average hours worked per week _____
EXPERIENCE: Attach additional sheet(s) if necessary. Employer Name and Address: _____		
Your title and duties: _____		
Dates: From: _____ To: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Average hours worked per week _____

COUNTY OF KAUAI
APPLICATION OF EMPLOYMENT
LABOR REGISTRATION ADDENDUM

PLEASE PRINT LEGIBLY IN **INK**

NAME (LAST, FIRST, MI)

SOCIAL SECURITY NUMBER

PLEASE NOTE: Information requested below is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separation from military service do not automatically disqualify you for employment. The circumstances of each individual case will be evaluated against the requirements of the position applied for, to determine suitability for employment.

DISMISSALS FROM EMPLOYMENT/DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past 5 years, were you:

- A. Fired or asked to resign from employment? YES ☐ NO ☐
- B. Separated from military services under conditions other than honorable? YES ☐ NO ☐

CONVICTION FOR A VIOLATION OF LAW

- A. Have you been convicted of a violation of law (e.g., felony, misdemeanor, etc.)? NOTE in answering this question, you need NOT report the following: YES ☐ NO ☐
- (1) Arrests not followed by convictions
 - (2) Convictions which were annulled or expunged
 - (3) Offense for which you were tried as a minor or juvenile
 - (4) Conviction of a non-criminal penal offense classified as a violation no imprisonment is authorized by law
 - (5) Conviction of a misdemeanor in which the period of twenty years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction
- B. Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or the federal government by force or violence? YES ☐ NO ☐

Use this space to explain "Yes" answers to the above items.

(over)

COUNTY OF KAUAI
LABOR REGISTRATION
APPLICANT DATA SURVEY

In order to meet the requirements as set forth in the Federal Guidelines, we need your cooperation and assistance in completing this form. Participation in this survey is confidential and voluntary. Your replies to this survey will not affect your eligibility or opportunity for employment. The date will be used for reporting and personnel research purposes only. This survey will be detached from the application prior to the review of qualifications.

NAME (LAST, FIRST, MI)	DATE:
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Please check the appropriate box.

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Age:	<input type="checkbox"/> Under 20	<input type="checkbox"/> 20-39	<input type="checkbox"/> 40-65	<input type="checkbox"/> 66 and over
Area you live in:	<input type="checkbox"/> Hanalei	<input type="checkbox"/> Kilauea	<input type="checkbox"/> Kapaa	<input type="checkbox"/> Lihue
	<input type="checkbox"/> Koloa	<input type="checkbox"/> Kalaheo	<input type="checkbox"/> Hanapepe	<input type="checkbox"/> Waimea
	<input type="checkbox"/> Kekaha	<input type="checkbox"/> Other _____		

Ethnic Background. Please review all categories listed below. Determine the category which you believe best represents your ethnic background. Check **ONE BOX ONLY**.

<input type="checkbox"/> Black	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Part Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Puerto Rican	
<input type="checkbox"/> White - Includes persons of Portuguese, Indo-European descent, including Pakistani and East Indian, and persons of Spanish or Latin descent-excluding Filipino and Puerto Rican.		<input type="checkbox"/> Other or Unknown - Includes Guamanian, South East Asian (Vietnamese, Laotian, Tai, etc), American Indian and Alaskan Native.		
<input type="checkbox"/> Mix - Mixtures of any categories on this form except Hawaiian.				

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NAME MAILING ADDRESS	<u>PLEASE TYPE OR PRINT</u>			DO NOT WRITE IN SHADED AREA
	Last ↑	First ↑	MI ↑	
	MAILING Address ↑			
	City ↑-----	State ↑-----	Zip ↑--	

FOR DEPARTMENT OF PERSONNEL SERVICES USE ONLY

☐ Your application has been accepted for the following lists:

- | | |
|--|---|
| <input type="checkbox"/> Groundskeeper | <input type="checkbox"/> Park Caretaker |
| <input type="checkbox"/> Golf Course Groundskeeper | <input type="checkbox"/> Janitor |
| <input type="checkbox"/> Laborer I | |

You will have eligibility for employment consideration until: _____

You will be notified by the respective departments when you are being considered for employment.

KEEP US INFORMED OF ANY CHANGES IN YOUR ADDRESS AND/OR TELEPHONE NUMBER.

☐ Your application is not acceptable for this registration for the reason(s) checked below:

- ☐ It does not indicate that you meet the citizenship requirement.
- ☐ It does not indicate that you meet the residence requirement.
- ☐ You do not meet the education requirement.
- ☐ You do not meet the experience requirement.
- ☐ Other: _____